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## 23 Things: Online Training for Social Media and Public Health

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# 23 Things: Online Training for Social Media and Public Health

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## Background

The Council of Linkages' Core Competencies for Public Health Professionals includes competencies for communication skills, emphasizing the need for public health professionals to "utilize a variety of approaches to disseminate public health information" with stated examples including social networks and blogs<sup>1</sup>.

The Public Health Workforce Study by HRSA describes a workforce that lacks formal training in public health and a need for distance learning opportunities<sup>2</sup>.

Approximately 70% of public health organizations surveyed by the American Public Health Association felt that level of familiarity with tools presented an obstacle to using social media for communications<sup>3</sup>.

Based on this need, and inspired by the "Learning 2.0" modules developed at the Public Library of Charlotte & Mecklenburg County<sup>4</sup>, librarians at the Taubman Health Sciences Library developed a series of self-paced, interactive online training modules focusing on social media for public health professionals.

## Project Details

Starting from a list of 23 Things, we decided to focus on 10 main social media tools: Twitter, blogs, RSS, social networks, online videos, text messaging, data visualization, Google documents, online communities, and finally, an open topic "Even More to Explore".

To host these modules, we developed a Ning network, enabling participants to create profiles and share ideas with each other in this social networking space. Modules were aimed at a fairly novice audience designed to be accessible to beginners and also provide opportunities for further discovery by more experienced users.

Each section consists of a general introduction, a hands-on activity or detailed instructions for using a particular tool, plus examples and information about the tool in Public Health practice, concluding with a feedback section and invitation to share new discoveries, examples, or comments with other participants.

During the pilot, we responded to feedback from the Saginaw Department of Public Health and made changes in the content and design of the modules based on their experiences. The Saginaw public health staff were encouraged to participate, but not required, and their progress was not formally tracked. This group represented a wide range of ages and experience with technology; providing much useful and varied feedback on the training material.



Figure 1: Snapshots of online learning modules

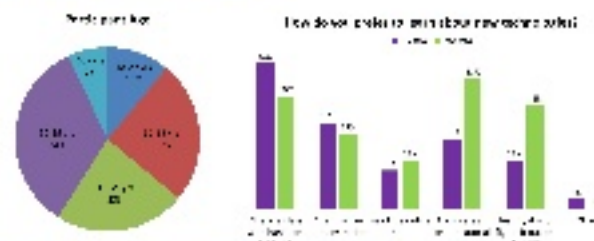


Figure 2: Participant Demographic and preferences for training method

## Responses

Participants completed feedback forms at the end of each module, and also provided oral feedback at the end and partway through the pilot. When we heard comments from some that the material was too simple, and from others that it moved a little too quickly, we felt we had struck a good balance. Participants liked the modules to be kept short, with direct instructions for action to try it out. Many appreciated the video clips.

Participants enjoyed having the support of their administration to take time to explore new technologies, and the administrators experienced benefits of identifying new strengths and interests among their staff. Unexpectedly, many commented on how this project had improved communication among the staff, and many individuals thanked us for helping them develop greater comfort talking with their peers or clients about social media.

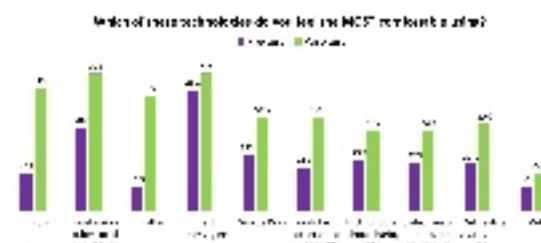


Figure 3: Technologies participants were most comfortable using, pre- & post-pilot

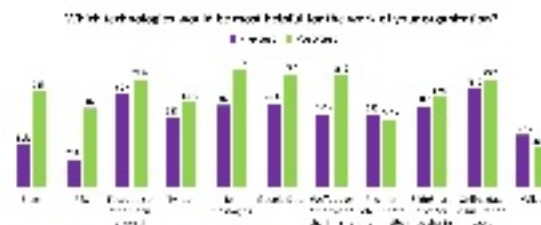


Figure 4: Technologies participants felt would be most helpful, pre- & post-pilot

## Results

After working through the training modules, many participants reported feeling more comfortable using tools which were previously unfamiliar. [Fig. 3] Participants' views on technologies useful for their work also changed significantly. [Fig. 4] Another strong change was noted in the participants' preference for learning about new technologies – after the pilot, more were comfortable learning via online tutorial or simply trying things out on their own. [Fig. 2]

## Conclusions

Through the development and implementation of this series of online, self-paced training modules in social media, we have helped public health practitioners in our region improve their professional competencies in communication. These modules are freely and publicly available; so other public health workers may benefit in the future.

Participants still cited lack of time to work through training as a barrier, but most reported feeling more able to participate in workplace discussions about social media and feeling more confident in their abilities to use these tools.

This was a positive experience for us as well as our community partners. While we have not yet been successful in promoting the Ning site as shared space for social media ideas, best practices, and a community of support, we have started to generate activity and discussion at a local level and through this training have enabled many more people to participate.

## References

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4. Bowles, Helene. "Learning 2.0." The Public Library of Charlotte & Mecklenburg County. October 2006. <http://plcm2.2about.blogspot.com>